

# Home Health & Hospice

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# Checking Beneficiary Eligibility

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*Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE)  
Guide*

## Chapter 2



**November 2018**  
**CGS Administrators, LLC**

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## Checking Beneficiary Eligibility using ELGA/ELGH

**Providers are encouraged to check the beneficiary's Medicare eligibility often. Eligibility should be checked at least prior to admission, monthly and prior to submitting billing transactions for processing.** Checking beneficiary eligibility allows you to identify critical information such as whether the beneficiary is/has:

- entitled to Medicare Part A, Part B, or both Part A and Part B
- enrolled in a Medicare Advantage (MA) plan
- enrolled with another insurance that is primary over Medicare
- in an open 60-day HH PPS (Home Health Prospective Payment System) episode
- a prior/current hospice election period
- met their deductible requirements
- met the therapy cap for the calendar year

Eligibility records, which are maintained for CMS (Centers for Medicare & Medicaid Services) by the Social Security Administration, are stored electronically in the CWF (Common Working File) system. You can access CWF records to view eligibility information via the eligibility screens, ELGA (Part A eligibility) or ELGH (home health and hospice eligibility) provided that you have identifying information about your beneficiary.

Home health and hospice providers will normally access ELGH. ELGA is typically used by hospitals and skilled nursing facilities (SNFs). However, it may be necessary to use both ELGH and ELGA to obtain all the necessary eligibility information for a beneficiary depending upon the services being billed to Medicare.

For answers to common questions or issues related to the ELGH/ELGA screens, please refer to the "Beneficiary Eligibility Information" FAQs available at [http://www.cgsmedicare.com/hhh/education/faqs/Beneficiary\\_Eligibility\\_Info\\_FAQs.html](http://www.cgsmedicare.com/hhh/education/faqs/Beneficiary_Eligibility_Info_FAQs.html) on the CGS website. Additional FAQs on a variety of topics are also available at: <http://www.cgsmedicare.com/hhh/education/faqs/index.html>

**Other Systems for Checking Medicare Eligibility:** Refer to the CGS Checking Beneficiary Eligibility Web page at [https://www.cgsmedicare.com/hhh/claims/checking\\_bene\\_eligibility.htm](https://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.htm) for information about other systems that are available to check beneficiary eligibility.

### *Information Necessary to Check Eligibility*

You must have the following five pieces of information about the beneficiary to check eligibility:

1. HIC (Health Insurance Claim) / MBI (Medicare Beneficiary Identifier) Number (also called their Medicare number)
2. First initial of first name
3. Last name
  - If the beneficiary's name is John Smith Jr., enter "SMITHJR"
4. Date of birth (MMDDCCYY format)
5. Gender

**NOTE:** Beginning April 2018 through the end of the New Medicare Card transition period, you can submit either a HIC or MBI through the CWF eligibility transactions (ELGA/ELGH). Beginning January 1, 2020, you must use the MBI to access eligibility information. Beginning April 2018 through the end of the New Medicare Card transition period, you can submit either a HIC or MBI through the CWF eligibility transactions (ELGA/ELGH). Beginning January 1, 2020, you must use the MBI to access eligibility information. Refer to the CMS website at <https://www.cms.gov/Medicare/New-Medicare-Card/index.html> for additional information.

Prior to accessing ELGA/ELGH, you should verify the information listed above matches the information on the beneficiary's red, white and blue Medicare card.

You will also need to enter:

- Requestor ID (0011)
- CGS intermediary number (15004)
- Your National Provider Identifier (NPI)

The following provides information about the ELGA/ELGH eligibility screens.

## Accessing ELGA and ELGH

1. To access ELGA and ELGH as you sign in to the FISS, type the letters *ELGA* or *ELGH* on the 'Welcome to CMS EDC at HPES' screen (where you would normally type FSS0) and press *ENTER*.
  - ➔ Providers should not use the Inquiry Option 10 (Beneficiary/CWF) in the Fiscal Intermediary Standard System (FISS) to verify beneficiary eligibility as the information may not be as current as the CWF information that is accessed via ELGA and ELGH.

```
elghOME TO CMS CICS052 - MAC J15 HHH PRODUCTION  
  
A C P F A 0 5 2 MVS/ESA VER 2R01 SP7.2.1 M2827 CICS TS 4.2.0  
NETNAME: T22G1101 TERMINAL: $23A DATE: 01/09/18 TIME: 08:55:52
```

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only.

To access ELGA or ELGH if you are already in FISS, press *F4* at any time to terminate your session. You will see the *Session Successfully Terminated* message on your screen.

```
SESSION SUCCESSFULLY TERMINATED
```

Type the letters ELGA or ELGH over the word *Session* and press *ENTER*.

```
elghION SUCCESSFULLY TERMINATED
```

- ➔ The ability to access multiple sessions (FISS, ELGA and/or ELGH) simultaneously is available. Contact your connectivity vendor to learn how to access multiple sessions simultaneously.
  - ➔ Remember that ELGA and ELGH are not menu options *within* FISS. You must be in the process of signing on or off of FISS in order to access ELGA or ELGH.
2. Once you have pressed Enter, the CWF Part A Eligibility System screen appears. The fields, in which you type the beneficiary information, are identical for both the ELGA and ELGH eligibility screens.

```

ELGH                CWF PART A ELIGIBILITY SYSTEM                ELGASAT1
MM/DD/CCYY HH:MM:SS  INQUIRY BY HH AGENCIES
ENTER THE FOLLOWING FIELDS:
    HIC/MBI NUMBER :
    SURNAME        :
    INITIAL        :
    DATE OF BIRTH  :                (MMDDCCYY)
    SEX CODE       :
    REQUESTOR ID   :
    INTER NO       :
    NPI NO         :
    HOST-ID        :                GL, GW, KS, MA, PA, NE, SE, SO, SW
    APP DATE       :                (MMDDCCYY)
    REASON CODE    : 1
    RESPONSE CODE  : P
    
```

3. Complete the required fields as indicated below.

Field Name	What to Enter
<b>HIC / MBI NUMBER</b>	<p>The beneficiary’s Health Insurance Claim (HIC) number or Medicare Beneficiary Identifier (MBI) number.</p> <p>Beginning April 2018 through the end of the New Medicare Card transition period, you can submit either a HIC or MBI through the CWF eligibility transactions (ELGA/ELGH). Beginning January 1, 2020, you must use the MBI to access eligibility information. Refer to the CMS website at <a href="https://www.cms.gov/Medicare/New-Medicare-Card/index.html">https://www.cms.gov/Medicare/New-Medicare-Card/index.html</a> for additional information.</p>
<b>SURNAME</b>	<p>The beneficiary’s last name (only accepts up to 6 letters).</p> <p><b>Note:</b> If the beneficiary’s name is John Smith Jr., enter “SMITHJ”</p>
<b>INITIAL</b>	The first letter of beneficiary’s first name.
<b>DATE OF BIRTH</b>	The beneficiary’s date of birth in a MMDDCCYY format.
<b>SEX CODE</b>	The beneficiary’s gender (M or F).
<b>REQUESTOR ID</b>	The requestor ID number <b>0011</b>
<b>INTER NO</b>	The Medicare intermediary number <b>15004</b>
<b>NPI NO</b>	The National Provider Identifier (NPI).

Field Name	What to Enter									
HOST ID	Usually left blank or insert one of the following. See the table under “Information About the HOST ID Field” found later in this chapter. <table border="1" style="margin-left: 20px;"> <tr> <td>GL – Great Lakes</td> <td>GW – Great Western</td> <td>KS – Keystone</td> </tr> <tr> <td>MA – Mid-Atlantic</td> <td>PA – Pacific</td> <td>NE – Northeast</td> </tr> <tr> <td>SE – Southeast</td> <td>SO – South</td> <td>SW – Southwest</td> </tr> </table>	GL – Great Lakes	GW – Great Western	KS – Keystone	MA – Mid-Atlantic	PA – Pacific	NE – Northeast	SE – Southeast	SO – South	SW – Southwest
GL – Great Lakes	GW – Great Western	KS – Keystone								
MA – Mid-Atlantic	PA – Pacific	NE – Northeast								
SE – Southeast	SO – South	SW – Southwest								
APP DATE	When left blank, the APP DATE field defaults to the current date. Entering a date into the APP DATE field (MMDDCCYY format) will affect the eligibility information that is displayed relating to: <ul style="list-style-type: none"> <li>• Medicare Secondary Payer (MSP) records</li> <li>• Hospital/SNF stays</li> <li>• Home health prospective payment system (HH PPS) episodes</li> <li>• Hospice benefit periods</li> <li>• Part B deductible</li> <li>• Therapy cap</li> </ul> More detailed information about using the APP DATE field can be found under the heading “Information about the APP DATE Field” found later in this chapter.									
REASON CODE	Reason for the inquiry: 1 – Status Inquiry (default)									
RESPONSE CODE	Indicates whether the inquiry is an actual test or CWF test inquiry: P – Production (default)									

➔ The example below illustrates how the CWF Part A Eligibility System screen looks after the information is completed, but before the Enter key is pressed.

```

ELGH                CWF PART A ELIGIBILITY SYSTEM                ELGHSAT1
MM/DD/CCYY HH:MM:SS  INQUIRY BY HH AGENCIES
  ENTER THE FOLLOWING FIELDS:
    HIC/MBI NUMBER    :  xxxxxxxxxxxx
    SURNAME           :  xxxxxxxx
    INITIAL           :  x
    DATE OF BIRTH     :  #####          (MMDDCCYY)
    SEX CODE          :  x
    REQUESTOR ID      :  0011
    INTER NO         :  15004
    NPI NO           :
    HOST-ID          :                GL, GW, KS, MA, PA, NE, SE, SO, SW
    APP DATE         :                (MMDDCCYY)
    REASON CODE      :  1
    RESPONSE CODE    :  P
  
```



4. Once you have keyed the information on the CWF Part A Eligibility System screen, press *ENTER*. The system will indicate that it's searching for the record.
  - ➔ If you receive an error message, refer to the information under the heading "Error Messages" found later in this chapter.
5. When the information is entered accurately and the record is located at the host site, the first page of the beneficiary's eligibility record will display on your screen.
  - ➔ The eligibility record will have several pages of information. Use your F8 key to page forward through the beneficiary eligibility pages. Use your F7 key to page back.
6. If you want to look up another beneficiary's eligibility information or need to enter an APP DATE, press *F1* from any of the CWF inquiry pages, and you will return to the CWF Part A Eligibility System screen.
7. When you are finished viewing the record, press *F3*. You will return to a blank screen. You may:
  - a. type *FSS0* and press *ENTER* to access FISS; or
  - b. type *logoff* and press *ENTER* to return to the "TPX Menu" screen. Enter */k* to return to the DXC Virtual Data Center screen

**Information about the HOST ID Field**

The HOST ID field is related to different CWF host sites where beneficiary records are stored. Records are stored based on the location where the beneficiary’s Social Security Number was issued. There are nine host sites as identified in the following table.

<p><b>GL – Great Lakes</b></p> <ul style="list-style-type: none"> <li>• Illinois</li> <li>• Michigan</li> <li>• Minnesota</li> <li>• Wisconsin</li> </ul>	<p><b>MA – Mid-Atlantic</b></p> <ul style="list-style-type: none"> <li>• Indiana</li> <li>• Maryland</li> <li>• Ohio</li> <li>• Virginia</li> <li>• West Virginia</li> </ul>	<p><b>SE – Southeast</b></p> <ul style="list-style-type: none"> <li>• Alabama</li> <li>• Kentucky</li> <li>• Mississippi</li> <li>• North Carolina</li> <li>• South Carolina</li> <li>• Tennessee</li> </ul>
<p><b>GW – Great Western (default)</b></p> <ul style="list-style-type: none"> <li>• Idaho</li> <li>• Iowa</li> <li>• Kansas</li> <li>• Missouri</li> <li>• Montana</li> <li>• Nebraska</li> <li>• North Dakota</li> <li>• Oregon</li> <li>• South Dakota</li> <li>• Utah</li> <li>• Washington</li> <li>• Wyoming</li> </ul>	<p><b>PA – Pacific</b></p> <ul style="list-style-type: none"> <li>• Alaska</li> <li>• Arizona</li> <li>• California</li> <li>• Hawaii</li> <li>• Nevada</li> </ul>	<p><b>SO – South</b></p> <ul style="list-style-type: none"> <li>• Florida</li> <li>• Georgia</li> </ul>
<p><b>KS – Keystone</b></p> <ul style="list-style-type: none"> <li>• Delaware</li> <li>• New Jersey</li> <li>• New York</li> <li>• Pennsylvania</li> </ul>	<p><b>NE – Northeast</b></p> <ul style="list-style-type: none"> <li>• Connecticut</li> <li>• Maine</li> <li>• Massachusetts</li> <li>• New Hampshire</li> <li>• Rhode Island</li> <li>• Vermont</li> </ul>	<p><b>SW – Southwest</b></p> <ul style="list-style-type: none"> <li>• Arkansas</li> <li>• Colorado</li> <li>• Louisiana</li> <li>• New Mexico</li> <li>• Oklahoma</li> <li>• Texas</li> </ul>

➔ The default HOST-ID is always GW. If the beneficiary’s information cannot be found at the default host site, you may need to look for the beneficiary’s information at another host site by entering a two-character HOST-ID site (e.g., SO). You may need to try each of the different host sites before finding the beneficiary’s information. Note: Once you have accessed beneficiary eligibility information, it is no longer necessary for you to enter the HOST ID code as the system retains this information.

**Information about the APP DATE Field**

The ELGA and ELGH screens display beneficiary eligibility information. By using the APP DATE field, you can view the data that impacts your dates of services. When this field is left blank, the following eligibility information, if applicable, will display data based on the current date. By entering a date (MMDDCCYY) into the APP DATE field, the following information will display data based on the date entered:

- Medicare Secondary Payer (MSP) records
- Hospital/SNF stays
- Home Health Prospective Payment System (HH PPS) episodes
- Hospice benefit periods
- Part B deductible
- Therapy cap
- Medicare Advantage (MA) plans

<b>To Access:</b>	<b>Action:</b>
<b>Prior MSP Records</b>	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>To access prior MSP records, type the beneficiary’s Medicare Part A or Part B entitlement date in the APP DATE field.</p> <p>ELGH displays limited MSP information on screen page 04.</p> <p>ELGA displays more detailed MSP information. MSP information will appear beginning on ELGA screen page 18. One additional page will display for each MSP record that exist.</p>
<b>Prior Hospital/SNF Stay (This information is only available from ELGA.)</b>	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>Screen page 01 of ELGA displays the dates of the most recent hospital/SNF benefit period dates in the DOEBA and DOLBA fields, based on the APP DATE entered.</p> <p>For the earliest hospital/SNF stay, type the beneficiary’s Medicare Part A or Part B entitlement date in the APP DATE field. To find if a subsequent hospital/SNF stay occurred, enter a date in the APP DATE field that is one day after the DOLBA date of the hospital stay.</p> <p>Note: The information for the most current inpatient stay may not be available if the hospital/SNF has not submitted their billing to Medicare. In addition, if a beneficiary has had multiple inpatient stays during a benefit period, you will see the date of admission of the earliest inpatient stay in the DOEBA field and the date of discharge of the latest inpatient stay in the DOLBA field, based on the APP date entered.</p>

<b>To Access:</b>	<b>Action:</b>
<p><b>Prior HH PPS Episodes</b></p>	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility. In certain instances such as a beneficiary transfer between home health agencies, it may be necessary to enter a date that is one calendar day prior to your date of admission or dates of service.</p> <p>Page 03 of ELGH displays the two most recent HH PPS episodes based on the APP DATE entered. Page 04 of ELGA displays similar information.</p> <p>To find if prior HH PPS episodes exist, type the date that is prior to the START DATE of the earliest episode listed.</p> <p>HHAs can also use these screens to determine whether there are any episodes which will impact where their episode falls within a series of adjacent episodes (“early” vs “late” episodes). In addition, HHAs can also determine whether prior episodes were fully denied and, therefore, not included in adjacent episode timing requirements.</p> <p>This information is also important to determine whether the patient was under an established home health plan of care. A screen print is required for documentation. Refer to “Beneficiary Elected Home Health Transfer” Web page at <a href="http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html">http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html</a> for additional information.</p>
<p><b>Prior Hospice Benefit Periods</b></p>	<p>When the APP DATE field is left blank ELGA and ELGH will display the 5 most recent hospice benefit periods. To determine if there are any hospice benefit periods prior to the start date of Period 1, enter a date that is one day less than the START Date.</p>
<p><b>Prior Part B deductible</b></p>	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>Screen page 01 of ELGH or ELGA will provide the Part B deductible year and deductible amount remaining based on the APP DATE entered.</p>

To Access:	Action:
<p><b>Prior Therapy Cap</b></p>	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>Screen page 01 of ELGH or ELGA will provide the therapy cap amount remaining for the year based on the APP DATE entered.</p>
<p><b>Prior Medicare Advantage (MA) plans</b></p>	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>To display prior MA plan information, the date entered in the APP DATE field must match the MA enrollment date, termination date, or be within the enrollment and termination date. Therefore, home health providers may need to enter a date for the 60 day episode period to determine if the beneficiary was enrolled in a MA plan during the home health episode.</p>

**Error Messages**

- ➔ If you receive an error message “*Provider not on security file*”, contact the CGS Electronic Data Interchange (EDI) department at 1-877-299-4500 (select Option 2) and request your security be modified to allow access to ELGA and ELGH.
- ➔ If the message “*BENE-ERROR, BENEFICIARY RECORD NOT FOUND*” displays, verify the information that was entered. There may be a data entry error preventing the system from finding the beneficiary’s record. You may also want to enter various HOST ID codes, one at a time, to see if the beneficiary’s record is at another HOST-ID site.
- ➔ If a message appears containing the phrase “*TNIF*” (True Not in File), the eligibility file is being updated and this update may prevent you from being able to access the eligibility file for a short period of time. Try accessing the file at a later time.
- ➔ If the message “*Following Fields in Error – Correct and Resubmit*” displays, not all of the required information is keyed or the information keyed is invalid. The message will also identify which field is in error.

## ELGH Screen Examples and Field Descriptions

Home health and hospice providers typically use ELGH to access eligibility information. Field descriptions for ELGH follow each screen example. ELGA screen examples and field descriptions are provided later in this chapter.

➔ All dates shown on the ELGH screen are in MMDDCCYY format unless otherwise noted.

### ELGH Screen Page 01—Beneficiary Information

1. To access ELGH, follow steps 1 through 7 under “Accessing ELGA and ELGH”. The following screen illustrations and field descriptions apply to the ELGH screens.

ELGH MM/DD/CCYY	CWF HH:MM:SS	PART A	ELIGIBILITY SYSTEM BENEFICIARY INFORMATION				ELGHCRO PAGE 01 OF XX
IP-REC NPI DISP-CODE CORRECT CN	CN	NM	IT	DB REQ	SX	INT	
	APP MSG	REAS					
		NM	IT	DB	SX		
A-ENT PARTB YR FULL-NAME PT APL	A-TRM DED-TBM	B-ENT		B-TRM		DOD	
		OT APL					
PF1-INQ SCREEN	PF3/CLEAR=END		PF8=NEXT				

➔ ELGH does not display periods of inactive eligibility for beneficiaries who are in the country unlawfully, have been deported or are incarcerated. However, inactive eligibility periods are available by accessing the eligibility tab in the myCGS online web portal. For additional information about myCGS, refer to the myCGS User Guide at <http://www.cgsmedicare.com/myCGS/manual.html> on the CGS website. Inactive eligibility information is also available from the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). For information about HETS, refer to the Medicare Learning Network (MLN) Matters® article, SE1249 which is available at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1249.pdf>

**ELGH Screen Page 01 Field Descriptions**

<b>IP-REC</b>	For intermediary use only.
<b>CN</b>	The beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) number as entered on the Common Working File (CWF) Part A Eligibility System screen.
<b>NM</b>	The beneficiary's last name as entered on the CWF Part A Eligibility System screen.
<b>IT</b>	The first initial of the beneficiary's first name as entered on the CWF Part A Eligibility System screen.
<b>DB</b>	The beneficiary's date of birth as entered on the CWF Part A Eligibility System screen.
<b>SX</b>	The beneficiary's gender as entered on the CWF Part A Eligibility System screen.
<b>INT</b>	The Medicare intermediary number as entered on the CWF Part A Eligibility System screen (15004).

➔ If any of the information shown in the above fields appears in a different color, note the correct information found in the corresponding field on the "CORRECT" line. Ensure that you update your records and submit claims that reflect the correct information.

<b>NPI</b>	Your facility's National Provider Identifier (NPI) as entered on the CWF Part A Eligibility System screen.
<b>APP</b>	The date as entered in the APP DATE field on the CWF Part A Eligibility System. If the APP DATE field was left blank, this field will be blank.
<b>REAS</b>	The reason for this inquiry as entered on the CWF Part A Eligibility System. Valid codes: <b>1</b> – Status inquiry (default) <b>2</b> – Inquiry relating to an admission
<b>REQ</b>	The requestor ID as entered on the CWF Part A Eligibility System (0011).
<b>DISP CODE</b>	Disposition Code: This field displays when a disposition code applies. Below are some common codes. Refer to the CMS Pub 100-04, Chapter 27 at <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c27.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c27.pdf</a> for information about disposition codes. <b>50</b> – Not in file <b>51</b> – Not in file on CMS batch system <b>52</b> – Host Site ID error on database <b>53</b> – Not in file in CMS but possible resolution <b>55</b> – Does not match a master record <b>60</b> – Input/Output error on date base <b>61</b> – Cross reference data base problem

**ELGH Screen Page 01 Field Descriptions (continued)**

**MSG** The description of the disposition (DISP CODE)

The first five fields listed below (CORRECT CN, NM, IT, DB, SX) will only display information if the beneficiary's information entered on the CWF Part A Eligibility System screen was incorrect or has been updated. To avoid claim submission errors, be sure to use the corrected information that displays when submitting claims to Medicare. The remaining fields display the beneficiary's eligibility information.

**CORRECT CN** Corrected claim number.

**NM** Corrected name.

**IT** Corrected initial.

**DB** Corrected date of birth.

**SX** Corrected sex code.

**A-ENT** The beneficiary's date of entitlement to Medicare Part A benefits.

**A-TRM** The beneficiary's date of termination from Medicare Part A benefits.

**B-ENT** The beneficiary's date of entitlement to Medicare Part B benefits.

**B-TRM** The beneficiary's date of termination from Medicare Part B benefits.

**DOD** Date of death of the beneficiary.

**PART B YR** Most recent Part B year (CCYYMMDD).

**DED-TBM** The amount of the Part B cash deductible remaining to be met for the current year.

**FULL-NAME** The beneficiary's full name as it appears on the Common Working File (CWF) master record. Ensure your claim is submitted with the beneficiary's name as it appears here.

**PT APL** The physical therapy and speech-language pathology (combined) cap amount applied in the Part B year. **Note:** Outpatient Part B therapy services are affected by the therapy caps when provided by a home health agency to beneficiaries who are not homebound or under a plan of care (type of bill 34X). Therapy services provided under the Home Health Prospective Payment System (HH PPS) (type of bill 329) are not impacted by the therapy cap limits.

For additional information about the therapy cap exception, refer to the Therapy Cap Web page on the CMS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/TherapyCap.html>.

**OT APL** The occupational therapy cap amount applied in the Part B year. See above "Note".



**ELGH Screen Page 02—Home Health Benefit Periods**

**Note:** This screen should not be used to determine a beneficiary’s status in a home health episode. (See ELGH Screen Page 03 for home health episode information.)

ELGH	CWF	PART A	ELIGIBILITY SYSTEM		ELGHCRO
MM/DD/CCY	HH:MM:SS	HOME HEALTH	BENEFIT PERIODS		PAGE 02 OF XX
HH-REC	CN	NM	IT	DB	SX
		EARLIEST		LATEST	
		BILLING DATE		BILLING DATE	
PF1-INQ	SCREEN	PF3/CLEAR=END	PF7-PREV	PF8=NEXT	

**ELGH Screen Page 02 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- EARLIEST BILLING DATE**      The earliest home health billing date in the benefit period.
- LATEST BILLING DATE**      The latest home health billing date in the benefit period.

**ELGH Screen Page 03—Home Health PPS Episodes**

**Note:** This screen will display the two most recent home health PPS episodes based on the APP DATE entered in the CWF Part A Eligibility System screen. If the APP DATE field is left blank, the most current information will display. Depending upon the episode information currently available for the beneficiary on this page, you may also need to review the information on ELGA Page 04.

ELGH MM/DD/CCYY	CWF PART A HH:MM:SS	HOME HEALTH PPS EPISODES	ELIGIBILITY SYSTEM	ELGHCRO PAGE 03 OF XX		
HH-REC	CN	NM	IT	DB	SX	
	START DATE	END DATE	INTER NUM	NPI NUM	PATSTAT	CAN-IND

**ELGH Screen Page 03 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- START DATE** The first day of the 60-day Home Health Prospective Payment System (HH PPS) episode.
- END DATE** The last day of the 60-day HH PPS episode.
- INTER NUM** The intermediary number of the Medicare contractor that processed the home health billing transaction that established the episode of care.
- NPI NUM** The National Provider Identifier (NPI) number of the home health agency providing home health services.
- PATSTAT** The patient status code submitted on the most recent home health billing transaction (request for anticipated payment (RAP) or claim).  
  
When a “30” is displayed in this field, HHAs should also review the information on ELGA Page 04 to determine if the last billing transaction was a RAP or a final claim. A patient status code other than “30” indicates the primary HHA discharged the beneficiary from their care.  
  
If your dates of service are within 60 days of the episode’s “END DATE” and the “PAT STAT” contains a “30”, or falls within an episode that displays a “30”, and the beneficiary is transferring to your HHA, you must print a copy of this page dated at the time the patient is admitted to your HHA. See the “Beneficiary Elected Home Health Transfer” Web page at [http://www.cgsmedicare.com/hhh/education/materials/hh\\_transfer.html](http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html) for more information.
- CAN-IND** Valid Cancel Indicator  

<b>0</b> = RAP not cancelled	<b>1</b> = RAP cancelled	<b>2</b> = Full medical review claim denial	<b>3</b> = Demand denial
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- This screen displays the two most recent HH PPS episodes based on the APP DATE entered. The most recent episode will appear on the top line. To determine if prior episodes exist, make a note of the earliest date that displays in the "START DATE" field, and press *F1* to return to the CWF Part A Eligibility System screen. Ensure that all required fields are complete. Tab to the APP DATE field. Enter a date that is one day prior to the earliest episode start date. For example, if the date in the "START DATE" field appeared as 09172012, enter 09162012 in the APP DATE field and press *Enter*. ELGH Page 01 appears. Use your F8 key to page forward to ELGH Page 03. The two most recent HH PPS episodes, if there are any, will display based on the APP DATE entered. To see if additional episodes prior to the start date of these episodes exist, repeat the process by noting the earliest episode start date, pressing F1, and entering a date that is one day prior to the earliest episode start date in the APP DATE field.

**ELGH Screen Page 04—MSP Information**

This page displays Medicare Secondary Payer (MSP) information only when another insurance company is primary to Medicare. Supplemental insurer information (insurance which is secondary to Medicare), such as Medigap and Medicaid, will not appear on these screens. For Medicare Advantage (MA) plan information, press *F8* and refer to the following page, “ELGH Screen Page 05 – Plan Information”.

**Reminder:** MSP records that have been termed are not viewable without the use of the “APP DATE” field. Review the information under the heading “Information about the APP DATE Field” found earlier in this chapter to ensure that you review data that may impact your dates of service. For assistance with submitting MSP claims, refer to the Medicare Secondary Payer (MSP) Overview Web page at <https://www.cgsmedicare.com/hhh/education/materials/MSP.html> on the CGS website.

ELGH	CWF	PART A	ELIGIBILITY SYSTEM			ELGHCRO
MM/DD/CCYY	HH:MM:SS	MSP	INFORMATION			PAGE 04 OF XX
MSP-REC	CN	NM	IT	DB	SX	
REC	MSP CODE	EFF DATE	TRM DATE			
PF1-INQ SCREEN	PF3/CLEAR=END	PF7-PREV	PF8=NEXT			

**ELGH Screen Page 04 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- REC**                    The record number (line number) for MSP information. The beneficiary may have more than one record.
- MSP CODE**            MSP code indicator. Valid values are:
  - 12 = Working Aged
  - 13 = End Stage Renal Disease (ESRD)
  - 14 = Auto/Liability
  - 15 = Worker’s Compensation
  - 16 = Federal - Public Health
  - 41 = Black Lung
  - 43 = Disabled
  - 47 = Any Liability
- EFF DATE**            Effective date of the primary insurance (MM/DD/CCYY).
- TERM DATE**           Termination date of the primary insurance (MM/DD/CCYY).

**ELGH Screen Page 05—Plan Information**

Providers should be aware that Medicare Advantage (MA) plans differ from Medicare Secondary Payer (MSP) records (ELGH Page 04) in that a beneficiary’s enrollment in an MA plan is an alternative to traditional Medicare benefits (Part A and Part B). Therefore, reimbursement for services will either be from the MA plan (also known as Medicare Part C) or traditional Medicare. Additional information is available in this chapter regarding MA plans and the impact of a hospice election, as well as determining whether a hospice election impacts your dates of service (ELGH Page 09 or ELGA Page 02).

ELGH	CWF	PART A	ELIGIBILITY SYSTEM			ELGHCRO
MM/DD/CCYY	HH:MM:SS	PLAN	INFORMATION			PAGE 05 OF XX
HMO-REC	CN	NM	IT	DB	SX	
PLAN-TYPE		PLAN-ID	OPT	ENR-DATE	TRM DATE	
PF1-INQ SCREEN	PF3/CLEAR=END	PF7-PREV	PF8=NEXT			

**ELGH Screen Page 05 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PLAN-TYPE** This field provides the type of Medicare Advantage (MA) plan. Valid values are:

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- FFS Demo (Fee-for-Service Demonstration)
- Indemnity
- POS (Point of Sale)

**PLAN-ID** The MA plan identification code (5-digits):

- 1<sup>st</sup> digit – Letter or number
- 2<sup>nd</sup> and 3<sup>rd</sup> digit – State Code
- 4<sup>th</sup> and 5<sup>th</sup> digit – Medicare Advantage plan number within the state

You can use the PLAN-ID code to look up contact information for the MA plan by accessing the MA Plan directory. More information about accessing this resource is available below.

- OPT** Option Code. The MA plan identification code. Describes the beneficiary's relationship with the MA plan. Valid codes are:
- 1** – Intermediary processes all (Part A and Part B) provider bills (unrestricted). Submit your claim to the intermediary.
  - 2** – HMO processes directly provided services and arranged services. Intermediary processes all others (unrestricted).
  - A** – Intermediary processes all (Part A and Part B) provider bills (restricted)
  - B** – HMO to process only bills for directly provided services (restricted); intermediary to process all other bills.
  - C** – HMO to process all bills (restricted). Submit your claim to the Medicare Advantage plan.

**ENR-DATE** The MA plan effective date (MMDDCCYY).

**TRM DATE** The MA plan termination date (MMDDCCYY).

➔ If the MA plan listed on this screen impacts your dates of service, CGS encourages providers to verify this information with the beneficiary. If the MA plan election listed is correct, providers must look to the MA plan for reimbursement and a claim should not be submitted to CGS, with the exception of Option Code 1. If the MA plan election is listed in error, a claim should not be submitted until the beneficiary's record has been updated. Providers are also encouraged to use ELGH page 17 to determine if the beneficiary has elected hospice. If the beneficiary has elected hospice **and** has an MA plan, all services (including those not related to the terminal diagnosis) are billed as usual to CGS, or other Medicare Fee-for-Service (FFS) contractor (e.g., intermediary, Medicare administrative contractor (MAC)).

Access the following link from the CMS website and click on "MA Plan Directory" to determine which MA plan is associated with the identification code and how to contact the plan to submit services for payment or update incorrect enrollment or termination dates, when appropriate.

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/MA-Plan-Directory.html>

ELGH Screen Page 06—Next Eligible Date

ELGH MM/DD/CCYY	CWF HH:MM:SS	PART A	ELIGIBILITY SYSTEM	NEXT ELIGIBLE DATE	ELGHCRO PAGE 06 OF XX
IP-REC CN		NM	IT	DB	SX INT 15004
PREVENTIVE SERVICE		TECH DTE MMDDCCYY	PROF DTE MMDDCCYY	PREVENTIVE SERVICE	TECH DTE PROF DTE MMDDCCYY MMDDCCYY
CARDIOVASC (80061)		01012005	01012005	PCB EXAM (G0101)	GDRNOELG GDRNOELG
CARDIOVASC (82465)		01012005	01012005	PV 90732,90669,90670	VACCINTD VACCINTD
CARDIOVASC (82718)		01012005	01012005	PROSTATE (G0102)	01012000 01012000
CARDIOVASC (84478)		01012005	01012005	PROSTATE (G0103)	01012000 01012000
COLORECTAL (G0104)		09011998	09011998	PAP TEST (Q0091)	GDRNOELG GDRNOELG
COLORECTAL (G0105)		09011998	09011998	DIABETES (82947)	01012005 01012005
COLORECTAL (G0106)		09011998	09011998	DIABETES (82950)	01012005 01012005
COLORECTAL (G0120)		09011998	09011998	DIABETES (82951)	01012005 01012005
COLORECTAL (G0121)		07012001	07012001	GLAU (G0117,G0118)	01012002 01012002
FOB TEST (G0107)		09011998	09011998	MAMM (G0202,G0203, 76092, 77057,)	GDRNOELG GDRNOELG
FOB TEST (G0328)		01012004	01012004		
FOB TEST (82270)		01012007	01012007		
IPP EXAM (G0344)		SRVNOELG	SRVNOELG	PAPT (P3000,G0123, G0143,G0144, G0145,G0147, G0148)	GDRNOELG GDRNOELG
IPP EXAM (G0366)		SRVNOELG	SRVNOELG		
IPP EXAM (G0367)		SRVNOELG	00000000		
IPP EXAM (G0368)		00000000	SRVNOELG		

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

ELGH Screen Page 06 Field Descriptions

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

Preventive Services	Abbreviation	HCPCS
Cardiovascular	CARDIOVASC	80061, 82465, 82718, 84478
Colorectal	COLORECTAL	G0104, G0105, G0106, G0120, G0121
Fecal Occult Blood Test	FOB TEST	G0107, G0328, 82270
Initial Preventive Physical Exam	IPP EXAM	G0344, G0366, G0367, G0368
Pelvic and Clinical Breast Exam	PCB EXAM	G0101

ELGH Screen Page 06 Field Descriptions (continued)

<b>PREVENTIVE SERVICE (continued)</b>	<b>Preventive Services</b>	<b>Abbreviation</b>	<b>HCPCS</b>
	Pneumococcal Pneumonia Vaccine	PV	90732, 90669, 90670
	Prostate (including separate next eligible dates for digital rectal examination)	PROSTATE	G0102, G0103
	Pap Test	PAP TEST or PAPT	Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148
	Diabetes	DIABETES	82947, 82950, 82951
	Glaucoma	GLAU	G0117, G0118
	Mammography	MAMM	G0202, G0203, 76092, 77057, 77067

**TECH DTE and PROF DTE**

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

NOPTBENT or PTB	Beneficiary not entitled to Part B or beneficiary's next eligible date is after their Medicare Part B termination date
RECEIVED	Beneficiary already received service
DODNOELG	Beneficiary not eligible due to date of death
GDRNOELG	Beneficiary not eligible due to gender
AGENOELG	Beneficiary not eligible due to age
SRVNOELG	Beneficiary not eligible for the service
VACCINTD	Beneficiary already vaccinated
HCPCTERM	HCPCS code for the preventive services has been terminated
00000000	Service not applicable
DODNOENT or DOD	Next eligible date for the preventive service is after the beneficiary's date of death



It is important to keep in mind that the eligibility date is calculated based on claims payment history. As claims are processed, the eligibility dates may change; therefore, it is important for providers to check the eligibility status before providing a service.

- The Centers for Medicare & Medicaid Services (CMS) has a variety of Medicare Learning Network (MLN) products related to preventive services. These resources are available on the CMS website at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>

ELGH Screen Page 07—Next Eligible Date

ELGH	CWF	PART A	ELIGIBILITY SYSTEM	ELGHCRO		
MM/DD/CCYY	HH:MM:SS		NEXT ELIGIBLE DATE	PAGE 07 OF XX		
IP-REC CN		NM	IT	DB	SX	INT 15004
PREVENTIVE SERVICE		TECH DTE	PROF DTE	PREVENTIVE SERVICE		TECH DTE PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY MMDDCCYY
AAA (76706, G0389)		07012007	07012007			
IPP EXAM (G0402)		SRVNOELG	SRVNOELG			
IPP EXAM (G0403)		SRVNOELG	SRVNOELG			
IPP EXAM (G0404)		SRVNOELG	00000000			
IPP EXAM (G0405)		00000000	SRVNOELG			
PTWR (G9143)		08032009	08032009			
AWV (G0438)		01012011	01012011			
AWV (G0439)		01012011	01012011			
HCAS (G0472)		DODNOELG	DODNOELG			
COCS (G0464/81528)		DODNOELG	00000000			
LDCT (G0297)		AGENOELG	AGENOELG			
HIV (G0432,G0433, G0435,G0475)		DODNOELG	SRVNOELG			
HPVS (G0476)		AGENOELG	00000000			
HBVS (G0499)		DODNOELG	DODNOELG			
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT						

ELGH Screen Page 07 Field Descriptions (continued)

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

Preventive Services	Abbreviation	HCPCS
Abdominal Aortic Aneurysm	AAA	76706, G0389
Initial Preventive Physical Exam	IPP EXAM	G0402, G0403, G0404, G0405
Pharmacogenomic Testing for Warfarin Response	PTWR	G9143
Annual Wellness Visit – Initial visit	AWV	G0438
Annual Wellness Visit – Subsequent visit	AWV	G0439
Hepatitis C Virus Screening	HCAS	G0472

**ELGH Screen Page 07 Field Descriptions (continued)**

**PREVENTIVE SERVICE**

Preventive Services	Abbreviation	HCPCS
Colorectal Cancer Screening	COCS	G0464 / 81528
Low Dose Computed Tomography	LDCT	G0297
Human Immunodeficiency Virus Screening	HIVS	G0432, G0433, G0435, G0475
Human Papillomavirus Screening	HPVS	G0476
Hepatitis B Screening	HBVS	G0499

**TECH DTE and PROF DTE**

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

NOPTBENT or PTB	Beneficiary not entitled to Part B or beneficiary's next eligible date is after their Medicare Part B termination date
RECEIVED	Beneficiary already received service
DODNOELG	Beneficiary not eligible due to date of death
GDRNOELG	Beneficiary not eligible due to gender
AGENOELG	Beneficiary not eligible due to age
SRVNOELG	Beneficiary not eligible for the service
VACCINTD	Beneficiary already vaccinated
00000000	Service not applicable
HCPCTERM	HCPCS code for the preventive service has been terminated.
DODNOENT or DOD	Next eligible date for the preventive service is after the beneficiary's date of death

**ELGH Screen Page 08—Next Eligible Date**

ELGH	CWF	PART A	ELIGIBILITY SYSTEM	ELGHCRO		
MM/DD/CCYY	HH:MM:SS		NEXT ELIGIBLE DATE	PAGE 08 OF XX		
IP-REC	CN	NM	IT	DB	SX	INT 15004
PREVENTIVE SERVICE		TECH DTE	PROF DTE	PREVENTIVE SERVICE		TECH DTE PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY MMDDCCYY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT						

**ELGH Screen Page 08 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

**TECH DTE and PROF DTE** The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible.

**ELGH Screen Page 09—Next Eligible Date**

ELGH	CWF	PART A	ELIGIBILITY SYSTEM	ELGHCRO		
MM/DD/CCYY	HH:MM:SS		NEXT ELIGIBLE DATE	PAGE 09 OF XX		
IP-REC	CN	NM	IT	DB	SX	INT 15004
PREVENTIVE SERVICE		TECH DTE	PROF DTE	PREVENTIVE SERVICE		TECH DTE PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY MMDDCCYY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT						

**ELGH Screen Page 09 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

**TECH DTE and PROF DTE** The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible.

**ELGH Screen Page 10—Rehabilitation Sessions**

Screen Page 10 is informational only for home health and hospice providers.

ELGH	CWF	PART A	ELIGIBILITY SYSTEM				ELGHCRO
MM/DD/CCYY	HH:MM:SS		REHABILITATION	SESSIONS			PAGE 10 OF XX
IP-REC	CN	NM	IT	DB		SX	INT
		TECH	PROF				
PULMONARY REMAINING:		72	72				
(HCPC:G0424)							
CARDIAC	APPLIED:	0	0				
(HCPCS:93797,93798)							
ICR	APPLIED:	0	0				
(HCPCS:G0422,G0423)							
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT							

**ELGH Screen Page 10 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PULMONARY REMAINING:** The pulmonary rehabilitation services remaining.  
(HCPC:G0424)

**CARDIAC APPLIED:** The cardiac rehabilitation services applied.  
(HCPCS:93797, 93798)

**ICR APPLIED:** The intensive cardiac rehabilitation services applied.  
(HCPCS:G0422, G0423)

**ELGH Screen Page 11—HH Certification Plan of Care**

Information will only display on Page 11 if the physician submitted their Part B claim for these services. Home health providers may use this information in conjunction with ELGH Page 03 and ELGA Page 04 to determine if the beneficiary is currently receiving or has received prior services under the Medicare home health benefit.

ELGH	CWF PART A	ELIGIBILITY SYSTEM	ELGHCRO
MM/DD/CCYY	HH:MM:SS	HH CERTIFICATION PLAN OF CARE	PAGE 11 OF XX
IP-REC CN	NM	IT DB SX	INT 1
REC	HCPCS	FROM DT	REC HCPCS FROM DT
01			11
02			12
03			13
04			14
05			15
06			16
07			17
08			18
09			

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

**ELGH Screen Page 11 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- REC** Record number.
- HCPCS** The HCPCS code submitted by the physician for services provided to certify that the beneficiary is eligible for home health services. Valid HCPCS codes are:
  - **G0179** - Physician re-certification for Medicare-covered home health services under a plan of care
  - **G0180** - Physician certification for Medicare-covered home health services under a plan of care
- FROM DT** The date of service for either of the two codes above when these codes have been paid.

**ELGH Screen Page 12—Telehealth Service Next Elig Date**

Screen Page 12 is informational only for home health and hospice providers.

ELGH	CWF PART A	ELIGIBILITY SYSTEM	ELGHCRO
MM/DD/CCYY	HH:MM:SS	TELEHEALTH SERVICE NEXT ELIG DATE	PAGE 12 OF 15
IP-REC CN	NM	IT DB SX	INT
TELEHEALTH SERVICES:HOSPITAL CARE		TELEHEALTH SERVICES:NURSING CARE	
HCPCS:99231,99232,99233		HCPCS: 99307,99308,99309,99310	
NEXT ELIGIBLE DATE: MM/DD/CCYY		NEXT ELIGIBLE DATE: MM/DD/CCYY	
RULE:ALLOW HCPCS 99231,99232,99233 WITH MODIFIER GQ OR GT OR POS 02 EVERY 4THDAY		RULE:ALLOW HCPCS 99307,99308,99309, 99310 WITH MODIFIER GQ OR GT OR POS 02 EVERY 31ST DAY	
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGH Screen Page 12 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**TELEHEALTH SERVICES: HOSPITAL CARE** Fields that appear below this heading apply to subsequent hospital care services.

**HCPCS:** HCPCS codes for subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days.

**NEXT ELIGIBLE DATE:** The next eligible date is based on previously received telehealth services for hospital care service. Valid values include:

MM/DD/CCYY If a date is present, the next eligible date is the 4<sup>th</sup> day after the posted date. If the beneficiary had no previous hospital care services the next eligible date field will display 01/01/2011. If the beneficiary’s Part B entitlement date is after the effective date of the hospital care services, the Part B entitlement date is the next eligible date.

NOPTBENT Beneficiary is not entitled to Medicare Part B.

DODNOENT Next eligibility date falls after the date of death.

**RULE:** The Medicare guideline for telehealth services.



**ELGH Screen Page 12 Field Descriptions (continued)**

- TELEHEALTH SERVICES:** Fields that appear below this heading apply to subsequent nursing facility care services.
- NURSING CARE**
- HCPCS:** HCPCS codes for subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days.
- NEXT ELIGIBLE DATE:** The next eligible date is based on previously received telehealth services for nursing facility care services. Valid values include:  
MM/DD/CCYY If a date is present, the next eligible date is the 31st day after the posted date. If the beneficiary had no previous nursing facility care services the next eligible date field will display 01/01/2011. If the beneficiary's Part B entitlement date is after the effective date of the nursing facility care services, the Part B entitlement date is the next eligible date.
- NOPTBENT** Beneficiary is not entitled to Medicare Part B.
- DODNOENT** Next eligibility date falls after the date of death.
- RULE:** The Medicare guideline for telehealth services.

ELGH Screen Page 13—Behavioral Services

Screen Page 13 is informational only for home health and hospice providers.

ELGH MM/DD/CCYY IP-REC CN	CWF PART A HH:MM:SS NM	ELIGIBILITY SYSTEM BEHAVIORAL SERVICES IT DB	ELGHCRO PAGE 13 OF XX INT
ALCOHOL ABUSE:	(G0442)	NEXT ELIG PROF:	MM/DD/CCYY REM
ALCOHOL SCREENING:	(G0443)	NEXT ELIG PROF:	MM/DD/CCYY XX
ADULT DEPRESSION:	(G0444)	NEXT ELIG TECH: NEXT ELIG PROF:	MM/DD/CCYY MM/DD/CCYY
IBT FOR CVD:	(G0446)	NEXT ELIG TECH: NEXT ELIG PROF:	MM/DD/CCYY MM/DD/CCYY REM
OBESITY:	(G0447)	NEXT ELIG TECH:	MM/DD/CCYY XX
		NEXT ELIG PROF:	MM/DD/CCYY XX
	(G0473)	NEXT ELIG TECH:	DODNOELG XX
		NEXT ELIG PROF:	DODNOELG XX
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGH Screen Page 13 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- ALCOHOL ABUSE: (G0442)** The preventive service and its associated HCPCS
- NEXT ELIG PROF** Next eligible professional date for the behavioral service. (MM/DD/CCYY)  
May also display:
  - NOPTBENT – Beneficiary not entitled to Part B
  - DODNOELG – Beneficiary not eligible due to date of death
  - SVCNOELG – Beneficiary not eligible for the service
- ALCOHOL SCREENING: (G0443)** The preventive service and its associated HCPCS
- NEXT ELIG PROF** Next eligible professional date for the behavioral service. (MM/DD/CCYY)  
May also display:
  - NOPTBENT – Beneficiary not entitled to Part B
  - DODNOELG – Beneficiary not eligible due to date of death
  - SVCNOELG – Beneficiary not eligible for the service

**ELGH Screen Page 13 Field Descriptions (continued)**

<b>REM</b>	Remaining behavioral services available.
<b>ADULT DEPRESSION: (G0444)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>IBT FOR CVD: (G0446)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>OBESITY: (G0447)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service

**ELGH Screen Page 13 Field Descriptions (continued)**

<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>REM</b>	Remaining behavioral services available.
<b>OBESITY: (G0473)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>REM</b>	Remaining behavioral services available.

ELGH Screen Page 14—HIBC Counselling

Screen Page 14 is informational only for home health and hospice providers.

ELGH	CWF PART A	ELIGIBILITY SYSTEM	ELGHCRO
MM/DD/CCYY	HH:MM:SS	HIBC COUNSELLING	PAGE 14 OF XX
IP-REC CN	NM	IT DB	SX INT
STIS: (G0445) NEXT ELIG TECH DATE: MM/DD/CCYY			
STIS: (G0445) NEXT ELIG PROF DATE: MM/DD/CCYY			
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGH Screen Page 14 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**STIS: (G0445)** Sexually Transmitted Infections (STIs) and the associated HCPCS.

**NEXT ELIG** Next eligible technical date for the service. (MM/DD/CCYY)

**TECH DATE:** May also display:  
 NOPTBENT – Beneficiary not entitled to Part B  
 DODNOELG – Beneficiary not eligible due to date of death

**STIC: (G0445)** Sexually Transmitted Infections (STIs) and the associated HCPCS.

**NEXT ELIG** Next eligible professional date for the service. (MM/DD/CCYY)

**PROF DATE:** May also display:  
 NOPTBENT – Beneficiary not entitled to Part B  
 DODNOELG – Beneficiary not eligible due to date of death

*ELGH Screen Page 15—Bone Density Service Next Elig Date*

Screen Page 15 is informational only for home health and hospice providers.

```

ELGH                CWF PART A  ELIGIBILITY SYSTEM          ELGHCRO
MM/DD/CCYY  HH:MM:SS          BONE DENSITY SERVICE NEXT ELIG DATE  PAGE 15 OF XX
IP-REC  CN                NM          IT          DB                SX          INT

BONE DENSITY SERVICES

HCPCS: 76977,G0130,77078,77080,77081, 77085

NEXT ELIGIBLE TECH DATE: MM/DD/CCYY
NEXT ELIGIBLE PROF DATE: MM/DD/CCYY

RULE: ALLOW HCPCS 76977,G0130,77078,77080,77081, 77085
EVERY 24 MONTHS FOR TECH AND PROF SERVICES

PF1=INQ  SCREEN  PF3/CLEAR=END  PF7=PREV  PF8=NEXT
    
```

**ELGH Screen Page 15 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- HCPCS:** HCPCS codes associated with bone density testing.
- NEXT ELIG TECH DATE:** Next eligible technical date for bone density testing. (MM/DD/CCYY)  
May also display:  
NOPTBENT – Beneficiary not entitled to Part B  
DODNOELG – Beneficiary not eligible due to date of death
- NEXT ELIG PROF DATE:** Next eligible professional date for bone density testing. (MM/DD/CCYY)  
May also display:  
NOPTBENT – Beneficiary not entitled to Part B  
DODNOELG – Beneficiary not eligible due to date of death
- RULE** The Medicare preventative benefit provided for bone density testing.

*ELGH Screen Page 16—Medicare Care Choices Model*

Screen Page 16 is informational only for home health and hospice providers.

```

ELGH                CWF PART A  ELIGIBILITY SYSTEM          ELGHCRO
MM/DD/CCYY  HH:MM:SS      MEDICARE CARE CHOICES MODEL      PAGE 16 OF XX
  IP-REC  CN                NM          IT      DB          SX          INT

          PROVIDER NUMBER      START DATE      TERM DATE      TRANSFER DATE

NO MCCMAUX DATA AVAILABLE FOR THIS HIC

PF1=INQ  SCREEN  PF3/CLEAR=END  PF7=PREV  PF8=NEXT
    
```

**ELGH Screen Page 16 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- PROVIDER NUMBER**     The provider number of the hospice who is participating in the Medicare Care Choices Model (MCCM).
- START DATE**         The beginning date of a beneficiary’s election with the hospice provider participating in the MCCM.
- TERM DATE**           The ending date of a beneficiary’s election of the hospice provider participating in the MCCM.
- TRANSFER DATE**      The date of the MCCM hospice provider change of ownership.

*ELGH Screen Page 17— Supervised Exercise Therapy Sessions*

ELGH	CWF	PART A	ELIGIBILITY SYSTEM				ELGHCRO
MM/DD/CCYY	HH:MM:SS		SUPERVISED	EXERCISE	THERAPY	SESSIONS	PAGE 17 OF XX
IP-REC	CN		NM	IT	DB	SX	INT
TECH							
SET SESSIONS REMAINING:							
(HCPC:93668)							
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT							

**ELGH Screen Page 17 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- SET**                    The number of Supervised Exercise Therapy (SET) sessions remaining.
- SESSIONS**
- REMAINING**
- TECH**



**ELGH Screen Page 18— Hospice Election Period**

Beginning July 2, 2018, the Hospice Election Period screen will be created when a hospice submits a Notice of Election (NOE) (type of bill 8xA). The election period will be separate from any benefit period. The benefit period will be created by submitting claims. Refer to the MLN Matters® article SE18007 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNmattersArticles/downloads/se18007.pdf> for additional information.

ELGH	CWF PART A	ELIGIBILITY SYSTEM				ELGHCRO
MM/DD/CCYY	HH:MM:SS	HOSPICE ELECTION PERIOD				PAGE 18 OF XX
IP-REC	CN	NM	IT	DB	SX	INT
HOSPICE						
ELECTION	PERIOD	PERIOD	PERIOD	PERIOD	PERIOD	
ELECT DATE						
RECIPT DATE						
REVOC DATE						
REVOC IND						
PROVIDER						
NPI						
NO HOEPAUX DATA AVAILABLE FOR THIS HIC						
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT						

**ELGH Screen Page 18 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- HOSPICE ELECTION PERIOD** A maximum of four most recent hospice election periods display
- ELECT DATE** Hospice election start date (MMDDCCYY).
- RECIPT DATE** Receipt date (MMDDCCYY). The receipt date of the hospice notice of election (NOE). This field is updated when an NOE (type of bill 8xA) is processed. This date will be retained on the election period permanently.
- REVOC DATE** The revocation indicator showing whether the Hospice election period is active. (MMDDCCYY)
- REVOC IND** The revocation indicator shows whether the hospice election period is active or revoked. Zero (0) means the election period is active. Anything other than

zero (0) indicates the hospice period is revoked.

**PROVIDER** The hospice provider number.

**NPI** The hospice provider's National Provider Identifier (NPI).

**ELGH Screen Page 19— Hospice Information**

This is the benefit period screen, which is created after a claim is submitted. Refer to the MLN Matters® article SE18007 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNmattersArticles/downloads/se18007.pdf> for additional information.

ELGH MM/DD/CCYY	CWF HH:MM:SS	PART A	ELIGIBILITY SYSTEM HOSPICE INFORMATION	ELGHCRO PAGE 19 OF XX
HOS-REC CN		NM	IT DB	SX
HOSPICE	PERIOD	PERIOD	PERIOD	PERIOD PERIOD
START DATE				
TERM DATE				
PROVIDER NO				
INTER NO				
REVOC IND				
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT				

**ELGH Screen Page 19 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- START DATE** The start date of the hospice benefit period
- TERMDATE** The term date of the hospice benefit period
- PROVIDER NO** The hospice provider number.
- INTER NO** The number identifying the Medicare Administrative Contractor (MAC) that processed the hospice claim.
- REVOC IND** The revocation indicator shows whether the hospice election period is active or revoked. Zero (0) means the election period is active. Anything other than zero (0) indicates the hospice period is revoked.

ELGH Screen Page 20—Smoking Cessation

ELGH		CWF	PART A	ELIGIBILITY SYSTEM			ELGHCRO				
MM/DD/CCYY	HH:MM:SS		SMOKING	CESSATION			PAGE 20 OF XX				
IP-REC	CN	NM	IT	DB		SX	INT				
COUNSELING PERIOD:		1	2	3	4	5					
TOTAL TECH SESSIONS:											
TOTAL PROF SESSIONS:											
HCPCS	FROM	THRU	PER	QT	TP	HCPCS	FROM	THRU	PER	QT	TP
PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV    PF8=NEXT											

ELGH Screen Page 20 Field Descriptions

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**TOTAL TECH SESSIONS**    The total **technical** number of sessions per counseling period.

**TOTAL PROF SESSIONS**    The total **professional** number of sessions per counseling period.

**HCPCS**    The HCPCS code identifying the level of smoking and tobacco-use cessation counseling.

**FROM**    From date of service in MM/DD/CCYY format.

**THRU**    Through date of service in MM/DD/CCYY format.

**PER**    Period number.

**QT**    Quantity.

**TP**    Claim type.

## ELGA Screen Examples and Field Descriptions

The ELGA screens are typically accessed by hospitals and skilled nursing facilities (SNFs). However, there may be times when a home health or hospice provider may need to access additional information on ELGA that is not available on ELGH. This information includes:

- Hospital and SNF stay dates and number of benefit days remaining
- Detailed MSP information
- Date of earliest and latest billing action for home health services

Field descriptions for ELGA follow each set of screen examples.

➔ All dates shown on the ELGA screens are in MMDDCCYY format unless otherwise noted.

### ELGA Screen Page 01—Beneficiary Information (Beneficiary Entitlement, Hospital and SNF Days, Medicare Advantage Plan Information)

ELGA	CWF	PART A	ELIGIBILITY SYSTEM				ELGACRO
MM/DD/CCYY	HH:MM:SS	BENEFICIARY INFORMATION				PAGE 01 OF XX	
IP-REC CN		NM	IT	DB	SX	INT	
NPI	APP		REAS		REQ		
DIS-CODE	MSG						
CORRECT CN		NM	IT	DB	SX		
A-ENT	A-TRM		B-ENT		B-TRM		
DOD	LRSV	LPSY					
DAYS LEFT	FULL-HOSP	CO-HOSP	FULL-SNF	CO-SNF	IP-DED	DOEBA	
CURRENT						DOLBA	
			PHYS THER		OCC THER		
PARTB YR	DED-TBM	PSYC	APL		APL		
FULL-NAME							
PLAN-TYPE			CURR-ID	OPT	ENR	TERM	
ESRD: CODE-1	EFF DATE		CODE-2	EFF DATE			
PF1=INQ	SCREEN	PF3/CLEAR=END		PF8=NEXT			

- ➔ ELGA does not display periods of inactive eligibility for beneficiaries who are in the country unlawfully, have been deported or are incarcerated. However, inactive eligibility periods are available by accessing the eligibility tab in the myCGS online web portal. For additional information about myCGS, refer to the myCGS User Guide at <http://www.cgsmedicare.com/myCGS/manual.html> on the CGS website. Inactive eligibility information is also available from the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). For information about HETS, refer to the Medicare Learning Network (MLN) Matters® article, SE1249 which is

available at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1249.pdf>

### ELGA Screen Page 01 Field Descriptions

<b>IP-REC</b>	For intermediary use only.
<b>CN</b>	The beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) as entered on the Common Working File (CWF) Part A Eligibility System screen.
<b>NM</b>	The beneficiary's last name as entered on the CWF Part A Eligibility System screen.
<b>IT</b>	The first letter of beneficiary's first name as entered on the CWF Part A Eligibility System screen.
<b>DB</b>	The beneficiary's date of birth as entered on the CWF Part A Eligibility System screen.
<b>SX</b>	The beneficiary's gender as entered on the CWF Part A Eligibility System screen.
<b>INT</b>	The Medicare intermediary number as entered on the CWF Part A Eligibility System screen.

→ If any of the information shown in the above fields appears in a different color, note the correct information found in the corresponding field on the "correct" line. Ensure that you update your records and submit claims that reflect the correct information.

<b>NPI</b>	Your facility's National Provider Identifier (NPI) as entered on the CWF Part A Eligibility System screen.
<b>APP</b>	The date as entered in the APP DATE field on the CWF Part A Eligibility System screen. If APP DATE field is left blank, this field will be blank.
<b>REAS</b>	The reason for this inquiry as entered on the CWF Part A Eligibility System screen. Valid codes: <b>1</b> – Status Inquiry (default); <b>2</b> – Inquiry relating to an admission.
<b>REQ</b>	The requester ID as entered on the CWF Part A Eligibility System screen (0011).

**ELGA Screen Page 01 Field Descriptions (continued)**

**DISP-CODE** Disposition Code: This field displays when a disposition code applies. Below are some common codes. Refer to the CMS Pub 100-04, Chapter 27 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c27.pdf> for information about disposition codes.

- 50 – Not in file
- 51 – Not in file on CMS batch system
- 52 – Host Site ID error on database
- 55 – Does not match a master record
- 60 – Input/Output error on date base
- 61 – Cross reference data base problem

**MSG** The description of the disposition code (DISP CODE).

Information in the first five fields listed below (CORRECT CN, NM, IT, DB, SX) will only display if the data entered on the CWF Part A Eligibility System screen was incorrect or has been updated. To avoid claim submission errors, use the corrected information (if available) when submitting claims to Medicare. The remaining fields display the beneficiary's eligibility information.

- CORRECT CN** Corrected claim number.
- NM** Corrected name.
- IT** Corrected initial.
- DB** Corrected date of birth.
- SX** Corrected sex code.
- A-ENT** The beneficiary's date of entitlement to Medicare Part A benefits.
- A-TRM** The beneficiary's date of termination from Medicare Part A benefits.
- B-ENT** The beneficiary's date of entitlement to Medicare Part B benefits.
- B-TRM** The beneficiary's date of termination from Medicare Part B benefits.
- DOD** Date of death of the beneficiary.
- LRSV** Lifetime Reserve. Number of lifetime reserve days remaining.
- LPSY** Lifetime Psychiatric. Number of psychiatric days remaining.
- FULL-HOSP** The full hospital inpatient days remaining in the current benefit period.
- CO-HOSP** The hospital inpatient coinsurance days remaining in the current benefit period.
- FULL-SNF** The full skilled nursing facility (SNF) days remaining in the current benefit period.
- CO-SNF** The SNF coinsurance days remaining in the current benefit period.

**ELGA Screen Page 01 Field Descriptions (continued)**

<b>IP-DED</b>	The amount of inpatient deductible remaining to be met.
<b>DOEBA</b>	The date of earliest billing action for an inpatient spell of illness in the current benefit period.
<b>DOLBA</b>	The date of the latest billing action for an inpatient spell of illness in the current benefit period.
<b>PART B YR</b>	Most recent Part B year (CCYYMMDD).
<b>DED-TBM</b>	The amount of Part B cash deductible remaining to be met for the year.
<b>PSYC</b>	The psychiatric deductible used for the year.
<b>PHYS THER APL</b>	The physical therapy and speech-language pathology (combined) cap amount applied in the Part B year.  <b>Note:</b> Outpatient Part B therapy services are affected by the therapy caps when provided by a home health agency to beneficiaries who are not homebound or under a plan of care (type of bill 34X). Therapy services provided under the Home Health Prospective Payment System (HH PPS) (type of bill 329) are not impacted by the therapy cap limits.  For additional information about the therapy cap exception, refer to the Therapy Cap Web page on the CMS website at <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/TherapyCap.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/TherapyCap.html</a> .
<b>OCC THER APL</b>	The occupational therapy cap amount applied in the Part B year. See PHYS THER TBM “Note” above.
<b>FULL-NAME</b>	The beneficiary’s full name as it appears on the Common Working File (CWF) master record. When submitting claims to Medicare, use the full name as it appears in this field to avoid claim submission errors.
<b>PLAN-TYPE</b>	This field provides the type of Medicare Advantage (MA) plan (previously referred to Medicare Health Maintenance Organization (HMO)). Valid values are: <ul style="list-style-type: none"> <li>• HMO (Health Maintenance Organization)</li> <li>• PPO (Preferred Provider Organization)</li> <li>• FFS Demo (Fee-for-Service Demonstration)</li> <li>• Indemnity</li> <li>• POS (Point of Sale)</li> </ul>
<b>CURR ID</b>	The MA plan identification code (5-digits): 1 <sup>st</sup> digit – Letter or number 2 <sup>nd</sup> and 3 <sup>rd</sup> digit – State Code 4 <sup>th</sup> and 5 <sup>th</sup> digit – MA plan number within the State You can use the PLAN-ID code to look up contact information for the MA plan by accessing the MA Plan directory. More information about accessing this resource is available below.



**ELGA Screen Page 01 Field Descriptions (continued)**

- OPT** The MA plan Option Code. Describes the beneficiary’s relationship with the MA plan. Valid codes are:
- 1** – Intermediary processes all (Part A and Part B) provider bill (unrestricted). Submit your claim to the intermediary.
  - 2** – HMO processes directly provided services and arranged services. Intermediary processes all others (unrestricted).
  - A** – Intermediary processes all (Part A and Part B) provider bills (restricted).
  - B** – HMO to processes only bills for directly provided services (restricted); intermediary to process all other bills.
  - C** – HMO to process all bills (restricted). Submit your claim to the Medicare Advantage plan.
- ENR** The MA plan enrollment date.
- TERM** The MA plan termination date.

➔ If the MA plan listed on this screen impacts your dates of service, CGS encourages providers to verify this information with the beneficiary. If the MA plan election listed is correct, providers must look to the MA plan for reimbursement and a claim should not be submitted to CGS, with the exception of Option Code 1. If the MA plan election is listed in error, a claim should not be submitted until the beneficiary’s record has been updated. Providers are also encouraged to use ELGA page 02 to determine if the beneficiary has elected hospice. If the beneficiary has elected hospice **and** has an MA plan, all services (including those not related to the terminal diagnosis) are billed as usual to CGS, or other Medicare Fee-for-Service contractor (e.g., intermediary, Medicare administrative contractor (MAC)). See the information on MA plans earlier in this chapter under the “ELGH Screen Page 05 “Medicare Advantage Plan Information” header.

Access the following link from the CMS website and click “MA Plan Directory” to determine which MA plan is associated with the identification code and how to contact the plan to submit services for payment or update incorrect enrollment or termination dates, when appropriate.

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>

- ESRD: – CODE-1** The End Stage Renal Disease (ESRD) method of reimbursement (Method 1 or Method 2).
- EFF DATE CODE-2** The ESRD method of reimbursement effective date.
- EFF DATE CODE-2** The ESRD method of reimbursement (Method 1 or Method 2).
- EFF DATE** The ESRD method of reimbursement effective date.

**ELGA Screen Page 02—Rehabilitation Sessions**

Screen Page 02 is informational only for home health and hospice providers.

ELGA MM/DD/CCYY IP-REC CN	CHF HH:MM:SS	PART A NM	ELIGIBILITY SYSTEM REHABILITATION IT DB	SESSIONS DB	SX	ELGACRO PAGE 02 OF XX INT
		TECH	PROF			
PULMONARY REMAINING: (HCPC:G0424)		72		72		
CARDIAC APPLIED: (HCPCS:93797,93798)		0		0		
ICR APPLIED: (HCPCS:G0422,G0423)		0		0		

PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV    PF8=NEXT

**ELGA Screen Page 02 Field Description:**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**PULMONARY REMAINING:** The pulmonary rehabilitation services remaining.  
(HCPC: G0424)

**CARDIAC APPLIED:** The cardiac rehabilitation services applied.  
(HCPCS: 93797, 93798)

**ICR APPLIED:** The intensive cardiac rehabilitation services applied.  
(HCPCS: G0422, G0423)

**ELGA Screen Page 03—Home Health Benefit Periods**

**Note:** This screen should not be used to determine a beneficiary’s status in a home health episode. (See “ELGA Screen Page 04” on the following page, for home health episode information.)

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGACRO
MM/DD/CCYY	HH:MM:SS	HOME HEALTH	BENEFIT PERIODS	PAGE 03 OF XX
IP-REC	CN	NM	IT	DB
				SX
				INT
EARLIEST	LATEST	PART A VISITS	PART B VISITS	
BILLING DATE	BILLING DATE	REMAINING	APPLIED	
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT				

**ELGA Screen Page 03 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**EARLIEST BILLING DATE** The earliest home health billing date.

**LATEST BILLING DATE** The latest home health billing date.

**PART A VISITS REMAINING** The remaining Part A visits.

**PART B VISITS APPLIED** The Part B visits that have been applied.

**ELGA Screen Page 04—Home Health PPS Episodes**

**Note:** Like ELGH Page 03, this screen will display the two most recent Home Health Prospective Payment System (HH PPS) episodes based on the APP DATE entered in the CWF Part A Eligibility System screen. Depending upon the episode information currently available on this page, you may also need to review the beneficiary information on ELGH Page 03.

ELGA MM/DD/CCYY	CWF HH:MM:SS	PART A HOME HEALTH	ELIGIBILITY SYSTEM PPS EPISODES				ELGACRO PAGE 04 OF XX
IP-REC	CN	NM	IT	DB	SX	INT	
EPISODE START	EPISODE END	DOEBA	DOLBA				
PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV    PF8=NEXT							

**ELGA Screen Page 04 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- EPISODE START**      The first day of the 60-day HH PPS episode. (Two most recent home health episodes.)
- EPISODE END**      The last day of the 60-day HH PPS episode. (Two most recent home health episodes.)
- DOEBA**              Date of Earliest Billing Action (DOEBA). The date of the first billable visit in the home health episode. If this field is blank or contains zeroes (0000000), a final claim has not been processed for this episode of care.
- DOLBA**              Date of Latest Billing Action (DOLBA). The date of the last billable visit in the home health episode. If this field is blank or contains zeroes (0000000), a final claim has not been processed for this episode of care.

➔ This screen displays the two most recent HH PPS episodes based on the APP DATE entered. The most recent episode will appear on the top line. To determine if prior episodes exist, make a note of the earliest date that displays in the “EPISODE START” field, and press *F1* to return to the CWF Part A Eligibility System screen. Ensure that all required fields are complete. Tab to the APP DATE field. Enter a date that is one day prior to the earliest

episode start date. For example, if the date in the “EPISODE START” field appeared as 09172012, enter 09162012 in the APP DATE field and press *Enter*. ELGA Page 01 appears. Use your F8 key to page forward to ELGA Page 04. The two most recent HH PPS episodes, if there are any, will display based on the APP DATE entered. To see if additional episodes prior to the start date of these episodes exist, repeat the process by noting the earliest episode start date, pressing F1, and entering a date that is one day prior to the earliest episode start date in the APP DATE field.

**ELGA Screen Page 05—Screening Information**

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGACRO
MM/DD/CCYY	HH:MM:SS	SCREENING	INFORMATION	PAGE 05 OF XX
IP-REC	CN	NM	IT	DB
				SX
				INT
HCPCS	TECH/			
CODE	PROF		RECENT DATES OF SERVICE	
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT				

**ELGA Screen Page 05 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**HCPCS CODE** The HCPCS code for the screening service provided to this beneficiary.

**TECH/PROF** Indicates whether the technical or professional component was billed. Valid entries:

26 – professional

TC – technical

**RECENT DATES OF SERVICE** The three most recent dates of service provided for each screening service HCPCS code listed (MMDDCCYY).

ELGA Screen Page 06—Next Eligible Date

ELGA				CWF PART A ELIGIBILITY SYSTEM				ELGACRO			
MM/DD/CCYY		HH:MM:SS		NEXT ELIGIBLE DATE				PAGE 06 OF XX			
IP-REC	CN	NM		IT		DB	SX	INT			
PREVENTIVE	SERVICE	TECH DTE	PROF DTE	MMDDCCYY	MMDDCCYY	PREVENTIVE SERVICE	TECH DTE	PROF DTE	MMDDCCYY	MMDDCCYY	
CARDIOVASC	(80061)	01012005	01012005			PCB EXAM (G0101)	GDRNOELG	GDRNOELG			
CARDIOVASC	(82465)	01012005	01012005			PV 90732,90669,90670	VACCINTD	VACCINTD			
CARDIOVASC	(82718)	01012005	01012005			PROSTATE (G0102)	01012000	01012000			
CARDIOVASC	(84478)	01012005	01012005			PROSTATE (G0103)	01012000	01012000			
COLORECTAL	(G0104)	09011998	09011998			PAP TEST (Q0091)	GDRNOELG	GDRNOELG			
COLORECTAL	(G0105)	09011998	09011998			DIABETES (82947)	01012005	01012005			
COLORECTAL	(G0106)	09011998	09011998			DIABETES (82950)	01012005	01012005			
COLORECTAL	(G0120)	09011998	09011998			DIABETES (82951)	01012005	01012005			
COLORECTAL	(G0121)	07012001	07012001			GLAU (G0117,G0118)	01012002	01012002			
FOB TEST	(G0107)	09011998	09011998			MAMM (G0202,G0203)	GDRNOELG	GDRNOELG			
FOB TEST	(G0328)	01012004	01012004			76092,77057,					
FOB TEST	(82270)	01012007	01012007			77067)					
IPP EXAM	(G0344)	SRVNOELG	SRVNOELG			PAPT (P3000,G0123,	GDRNOELG	GDRNOELG			
IPP EXAM	(G0366)	SRVNOELG	SRVNOELG			G0143,G0144,					
IPP EXAM	(G0367)	SRVNOELG	00000000			G0145,G0147,					
IPP EXAM	(G0368)	00000000	SRVNOELG			G0148)					

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

Preventive Services	Abbreviation	HCPCS
Cardiovascular	CARDIOVASC	80061, 82465, 82718, 84478
Colorectal	COLORECTAL	G0104, G0105, G0106, G0120, G0121
Fecal Occult Blood Test	FOB TEST	G0107, G0328, 82270
Initial Preventive Physical Exam	IPP EXAM	G0344, G0366, G0367, G0368
Pelvic and Clinical Breast Exam	PCB EXAM	G0101

**ELGA Screen Page 06 Field Descriptions (continued)**

<b>PREVENTIVE SERVICE (continued)</b>	Pneumococcal Pneumonia Vaccine	PV	90732, 90669, 90670
	Prostate (including separate next eligible dates for digital rectal examination)	PROSTATE	G0102, G0103
	Pap Test	PAP TEST or PAPT	Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148
	Diabetes	DIABETES	82947, 82950, 82951
	Glaucoma	GLAU	G0117, G0118
	Mammography	MAMM	G0202, G0203, 76092, 77057, 77067

**TECH DTE and PROF DTE**

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

NOPTBENT or PTB	Beneficiary not entitled to Part B or beneficiary's next eligible date is after their Medicare Part B termination date
RECEIVED	Beneficiary already received service
DODNOELG	Beneficiary not eligible due to date of death
GDRNOELG	Beneficiary not eligible due to gender
AGENOELG	Beneficiary not eligible due to age
SRVNOELG	Beneficiary not eligible for the service
VACCINTD	Beneficiary already vaccinated
HCPCTERM	HCPCS code for the preventive services has been terminated.
00000000	Service not applicable
DODNOENT or DOD	Next eligible date for the preventive service is after the beneficiary's date of death



It is important to keep in mind that the eligibility date is calculated based on claims payment history. As claims are processed, the eligibility dates may change; therefore, it is important for providers to check the eligibility status before providing a service.

- The Centers for Medicare & Medicaid Services (CMS) has a variety of Medicare Learning Network (MLN) products related to preventive services. These resources are available on the CMS website at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>

ELGA Screen Page 07—Next Eligible Date

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGACRO			
MM/DD/CCYY	HH:MM:SS	NEXT	ELIGIBLE DATE	PAGE 07 OF XX			
IP-REC	CN	NM	IT	DB	SX	INT 15004	
PREVENTIVE	SERVICE	TECH DTE	PROF DTE	PREVENTIVE	SERVICE	TECH DTE	PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY	MMDDCCYY
AAA	(G0389)	07012007	07012007				
IPP EXAM	(G0402)	SRVNOELG	SRVNOELG				
IPP EXAM	(G0403)	SRVNOELG	SRVNOELG				
IPP EXAM	(G0404)	SRVNOELG	00000000				
IPP EXAM	(G0405)	00000000	SRVNOELG				
PTWR	(G9143)	08032009	08032009				
AWV	(G0438)	01012011	01012011				
AWV	(G0439)	01012011	01012011				
HCAS	(G0472)	DODNOELG	DODNOELG				
COCS (G0464/81528)		DODNOELG	00000000				
LDCT	(G0297)	AGENOELG	AGENOELG				
HIVS	(G0475)	DODNOELG	SRVNOELG				
HPVS	(G0476)	AGENOELG	00000000				
HBVS	(G0499)	DODNOELG	DODNOELG				
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT							

ELGA Screen Page 07 Field Descriptions (continued)

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

Preventive Services	Abbreviation	HCPCS
Abdominal Aortic Aneurysm	AAA	G0389
Initial Preventive Physical Exam	IPP EXAM	G0402, G0403, G0404, G0405
Pharmacogenomic Testing for Warfarin Response	PTWR	G9143
Annual Wellness Visit – Initial visit	AWV	G0438
Annual Wellness Visit – Subsequent visit	AWV	G0439
Hepatitis C Virus Screening	HCAS	G0472

**ELGA Screen Page 07 Field Descriptions (continued)**

<b>PREVENTIVE SERVICE</b>	<b>Preventive Services</b>	<b>Abbreviation</b>	<b>HCPCS</b>
	Colorectal Cancer Screening	COCS	G0464 / 81528
	Low Dose Computed tomography	LDCT	G0297
	Human Immunodeficiency Virus Screening	HIVS	G0475
	Human Papillomavirus Screening	HPVS	G0476
	Hepatitis B Screening	HBVS	G0499

TECH DTE  
and  
PROF DTE

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

NOPTBENT or PTB	Beneficiary not entitled to Part B or beneficiary's next eligible date is after their Medicare Part B termination date
RECEIVED	Beneficiary already received service
DODNOELG	Beneficiary not eligible due to date of death
GDRNOELG	Beneficiary not eligible due to gender
AGENOELG	Beneficiary not eligible due to age
SRVNOELG	Beneficiary not eligible for the service
VACCINTD	Beneficiary already vaccinated
00000000	Service not applicable
HCPCTERM	HCPCS code for the preventive service has been terminated.
DODNOENT or DOD	Next eligible date for the preventive service is after the beneficiary's date of death

**ELGA Screen Page 08—Next Eligible Date**

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGHCRO		
MM/DD/CCYY	HH:MM:SS		NEXT ELIGIBLE DATE	PAGE 08 OF XX		
IP-REC	CN	NM	IT	DB	SX	INT 15004
PREVENTIVE SERVICE		TECH DTE	PROF DTE	PREVENTIVE SERVICE		TECH DTE PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY MMDDCCYY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT						

**ELGA Screen Page 08 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

**TECH DTE and PROF DTE** The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible.

**ELGA Screen Page 09—Next Eligible Date**

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGHCRO		
MM/DD/CCYY	HH:MM:SS		NEXT ELIGIBLE DATE	PAGE 09 OF XX		
IP-REC	CN	NM	IT	DB	SX	INT 15004
PREVENTIVE SERVICE		TECH DTE	PROF DTE	PREVENTIVE SERVICE		TECH DTE PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY MMDDCCYY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT						

**ELGA Screen Page 09 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE** The abbreviation of each preventive service and the associated HCPCS codes.

**TECH DTE and PROF DTE** The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible.

**ELGA Screen Page 10—HH Certification Plan of Care**

Information will only display on Page 10 if the physician submitted their Part B claim for these services. Home health providers may use this information in conjunction with ELGH Page 03 and ELGA Page 04 to determine if the beneficiary is currently receiving or has received prior services under the Medicare home health benefit.

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGACRO	
MM/DD/CCYY	HH:MM:SS		HH CERTIFICATION PLAN OF CARE	PAGE 10 OF XX	
IP-REC CN		NM	IT DB SX	INT	
REC	HCPCS	FROM DT	REC	HCPCS	FROM DT
01			11		
02			12		
03			13		
04			14		
05			15		
06			16		
07			17		
08			18		
09					
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT					

**ELGA Screen Page 10 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

- REC** Record number.
- HCPCS** The HCPCS code submitted by the physician for services provided to certify that the beneficiary is eligible for home health services. Valid HCPCS codes are:
  - **G0179** - Physician re-certification for Medicare-covered home health services under a plan of care
  - **G0180** - Physician certification for Medicare-covered home health services under a plan of care
- FROM DT** The date of services for either of the two codes above when these codes have been paid.

**ELGA Screen Page 11—Telehealth Service Next Elig Date**

Screen Page 11 is informational only for home health and hospice providers.

ELGA	CWF PART A	ELIGIBILITY SYSTEM	ELGACRO
MM/DD/CCYY	HH:MM:SS	TELEHEALTH SERVICE NEXT ELIG DATE	PAGE 11 OF XX
IP-REC CN	NM	IT DB SX	INT
TELEHEALTH SERVICES:HOSPITAL CARE		TELEHEALTH SERVICES:NURSING CARE	
HCPCS:99231,99232,99233		HCPCS: 99307,99308,99309,99310	
NEXT ELIGIBLE DATE: MM/DD/CCYY		NEXT ELIGIBLE DATE: MM/DD/CCYY	
RULE:ALLOW HCPCS 99231,99232,99233 WITH MODIFIER GQ OR GT OR POS 02 EVERY 4TH DAY		RULE:ALLOW HCPCS 99307,99308,99309,99310 WITH MODIFIER GQ OR GT OR POS 02 EVERY 31ST DAY	
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGA Screen Page 11 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**TELEHEALTH SERVICES: HOSPITAL CARE** Fields that appear below this heading apply to subsequent hospital care services.

**HCPCS:** HCPCS codes for subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days.

**NEXT ELIGIBLE DATE:** The next eligible date is based on previously received telehealth services for hospital care service. Valid values include:

MM/DD/CCYY If a date is present, the next eligible date is the 4<sup>th</sup> day after the posted date. If the beneficiary had no previous hospital care services the next eligible date field will display 01/01/2011. If the beneficiary’s Part B entitlement date is after the effective date of the hospital care services, the Part B entitlement date is the next eligible date.

NOPTBENT Beneficiary is not entitled to Medicare Part B.

DODNOENT Next eligibility date falls after the date of death.

**RULE:** The Medicare guideline for telehealth services.

**ELGA Screen Page 11 Field Descriptions (continued)**

- TELEHEALTH SERVICES: NURSING CARE** Fields that appear below this heading apply to subsequent nursing facility care services.
- HCPCS:** HCPCS codes for subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days.
- NEXT ELIGIBLE DATE:** The next eligible date is based on previously received telehealth services for nursing facility care services. Valid values include:  
MM/DD/CCYY If a date is present, the next eligible date is the 31st day after the posted date. If the beneficiary had no previous nursing facility care services the next eligible date field will display 01/01/2011. If the beneficiary's Part B entitlement date is after the effective date of the nursing facility care services, the Part B entitlement date is the next eligible date.
- NOPTBENT Beneficiary is not entitled to Medicare Part B.
- DODNOENT Next eligibility date falls after the date of death.
- RULE:** The Medicare guideline for telehealth services.



ELGA Screen Page 12—Behavioral Services

Screen Page 12 is informational only for home health and hospice providers.

ELGA MM/DD/CCYY IP-REC CN	CWF PART A HH:MM:SS NM	ELIGIBILITY SYSTEM BEHAVIORAL SERVICES IT DB	ELGACRO PAGE 12 OF XX INT
ALCOHOL ABUSE:	(G0442)	NEXT ELIG PROF: MM/DD/CCYY	
ALCOHOL SCREENING:	(G0443)	NEXT ELIG PROF: MM/DD/CCYY	REM XX
ADULT DEPRESSION:	(G0444)	NEXT ELIG TECH: MM/DD/CCYY NEXT ELIG PROF: MM/DD/CCYY	
IBT FOR CVD:	(G0446)	NEXT ELIG TECH: MM/DD/CCYY NEXT ELIG PROF: MM/DD/CCYY	
OBESITY:	(G0447)	NEXT ELIG TECH: MM/DD/CCYY NEXT ELIG PROF: MM/DD/CCYY	REM XX
	(G0473)	NEXT ELIG TECH: DODNOELG NEXT ELIG PROF: DODNOELG	XX XX
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGA Screen Page 12 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- ALCOHOL ABUSE: (G0442)** The behavioral service and its associated HCPCS
- NEXT ELIG PROF** Next eligible professional date for the behavioral service. (MM/DD/CCYY)  
May also display:
  - NOPTBENT – Beneficiary not entitled to Part B
  - DODNOELG – Beneficiary not eligible due to date of death
  - SVCNOELG – Beneficiary not eligible for the service
- ALCOHOL SCREENING: (G0443)** The behavioral service and its associated HCPCS
- NEXT ELIG PROF** Next eligible professional date for the behavioral service. (MM/DD/CCYY)  
May also display:
  - NOPTBENT – Beneficiary not entitled to Part B
  - DODNOELG – Beneficiary not eligible due to date of death
  - SVCNOELG – Beneficiary not eligible for the service

**ELGA Screen Page 12 Field Descriptions (continued)**

<b>REM</b>	Remaining behavioral services available.
<b>ADULT DEPRESSION: (G0444)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>IBT FOR CVD: (G0446)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>OBESITY: (G0447)</b>	The behavioral service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service

**ELGA Screen Page 12 Field Descriptions (continued)**

<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>REM</b>	Remaining behavioral services available.
<b>OBESITY: (G0447, G0473)</b>	The preventive service and its associated HCPCS
<b>NEXT ELIG TECH</b>	Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>NEXT ELIG PROF</b>	Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display: NOPTBENT – Beneficiary not entitled to Part B DODNOELG – Beneficiary not eligible due to date of death SVCNOELG – Beneficiary not eligible for the service
<b>REM</b>	Remaining behavioral services available.

*ELGA Screen Page 13—HIBC Counselling*

Screen Page 13 is informational only for home health and hospice providers.

ELGA	CWF PART A	ELIGIBILITY SYSTEM	ELGACRO
MM/DD/CCYY	HH:MM:SS	HIBC COUNSELLING	PAGE 13 OF XX
IP-REC CN	NM	IT DB	SX INT
STIS: (G0445) NEXT ELIG TECH DATE: MM/DD/CCYY			
STIS: (G0445) NEXT ELIG PROF DATE: MM/DD/CCYY			
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGA Screen Page 13 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- STIS: (G0445)** Sexually Transmitted Infections (STIs) and HCPCS.
- NEXT ELIG TECH DATE:** Next eligible technical date for the service. (MM/DD/CCYY)  
May also display:  
NOPTBENT – Beneficiary not entitled to Part B  
DODNOELG – Beneficiary not eligible due to date of death
- STIS: (G0445)** Sexually Transmitted Infections (STIs) and HCPCS.
- NEXT ELIG PROF DATE:** Next eligible professional date for the service. (MM/DD/CCYY)  
May also display:  
NOPTBENT – Beneficiary not entitled to Part B  
DODNOELG – Beneficiary not eligible due to date of death

**ELGA Screen Page 14—Bone Density Service Next Elig Date**

Screen Page 14 is informational only for home health and hospice providers.

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGACRO
MM/DD/CCYY	HH:MM:SS	BONE DENSITY SERVICE	NEXT ELIG DATE	PAGE 14 OF XX
IP-REC CN		NM	IT DB	SX INT
BONE DENSITY SERVICES				
HCPCS: 76977,G0130,77078,77080,77081, 77085				
NEXT ELIGIBLE TECH DATE: 00/01/0000				
NEXT ELIGIBLE PROF DATE: 00/01/0000				
RULE: ALLOW HCPCS 76977,G0130,77078,77080,77081, 77085				
EVERY 24 MONTHS FOR TECH AND PROF SERVICES				
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT				

**ELGA Screen Page 14 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- HCPCS:** HCPCS codes associated with bone density testing.
- NEXT ELIG TECH DATE:** Next eligible technical date for bone density testing. (MM/DD/CCYY)  
May also display:  
NOPTBENT – Beneficiary not entitled to Part B  
DODNOELG – Beneficiary not eligible due to date of death
- NEXT ELIG PROF DATE:** Next eligible professional date for bone density testing. (MM/DD/CCYY)  
May also display:  
NOPTBENT – Beneficiary not entitled to Part B  
DODNOELG – Beneficiary not eligible due to date of death
- RULE** The Medicare preventative benefit provided for bone density testing.

*ELGA Screen Page 15—Medicare Care Choices Model*

Screen Page 15 is informational only for home health and hospice providers.

ELGH	CWF PART A	ELIGIBILITY SYSTEM	ELGHCRO
MM/DD/CCYY	HH:MM:SS	MEDICARE CARE CHOICES MODEL	PAGE 15 OF XX
IP-REC CN	NM	IT DB	SX INT
PROVIDER NUMBER	START DATE	TERM DATE	TRANSFER DATE
NO MCCMAUX DATA AVAILABLE FOR THIS HIC			
PF1=INQ SCREEN	PF3/CLEAR=END	PF7=PREV	PF8=NEXT

**ELGA Screen Page 15 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- PROVIDER NUMBER** The provider number of the hospice who is participating in the Medicare Care Choice Model (MCCM).
- START DATE** The beginning date of a beneficiary’s election with the hospice provider participating in the MCCM.
- TERM DATE** The ending date of a beneficiary’s election of the hospice provider participating in the MCCM.
- TRANSFER DATE** The date of the MCCM hospice provider change of ownership.

*ELGA Screen Page 16— Supervised Exercise Therapy Sessions*

ELGA	CWF	PART A	ELIGIBILITY SYSTEM			ELGACRO
MM/DD/CCYY	HH:MM:SS		SUPERVISED EXERCISE THERAPY SESSIONS			PAGE 16 OF XX
IP-REC CN		NM	IT	DB	SX	INT
TECH						
SET SESSIONS REMAINING: (HCPC:93668)						
PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV    PF8=NEXT						

**ELGA Screen Page 16 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**SET SESSIONS REMAINING**      The number of Supervised Exercise Therapy (SET) sessions remaining.

**TECH**

ELGA Screen Page 17— Hospice Election Period

ELGA	CWF PART A	ELIGIBILITY SYSTEM			ELGACRO
MM/DD/CCYY	HH:MM:SS	HOSPICE ELECTION PERIOD			PAGE 17 OF XX
IP-REC	CN	NM	IT	DB	SX INT
HOSPICE	PERIOD	PERIOD	PERIOD	PERIOD	
ELECTION					
ELECT DATE					
RECIPT DATE					
REVOC DATE					
REVOC IND					
PROVIDER					
NPI					
NO HOEPAUX DATA AVAILABLE FOR THIS HIC					
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT					

**ELGA Screen Page 17 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- HOSPICE ELECTION PERIOD** A maximum of four most recent hospice election periods display
- ELECT DATE** Hospice election start date (MMDDCCYY).
- RECIPT DATE** Receipt date (MMDDCCYY). The receipt date of the hospice notice of election (NOE). This field is updated when an NOE (type of bill 8xA) is processed. This date will be retained on the election period permanently.
- REVOC DATE** The revocation indicator showing whether the Hospice election period is active. (MMDDCCYY)
- REVOC IND** The revocation indicator shows whether the hospice election period is active or revoked. Zero (0) means the election period is active. Anything other than zero (0) indicates the hospice period is revoked.
- PROVIDER** The hospice provider number.
- NPI** The hospice provider’s National Provider Identifier (NPI).



**ELGA Screen Page 18— Hospice Information**

ELGA MM/DD/CCYY	CWF PART A HH:MM:SS	ELIGIBILITY SYSTEM HOSPICE INFORMATION	ELGHCRO PAGE 18 OF XX
IP-REC CN	NM	IT DB	SX
IMMUNO/TRANS:	TRANS IND:	DISCHARGE DATE:	
HOSPICE	PERIOD	PERIOD	PERIOD PERIOD PERIOD
START DATE			
TERM DATE			
REVOC IND			
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

**ELGA Screen Page 18 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**IMMUNO/TRAMS** Line 3 provides immunosuppressive/transplant information

**TRANS ID** This identifies whether the beneficiary has received a Medicare covered transplant. Valid codes are:

- |   |   |
|---|---|
| <b>1</b> Allograft bone marrow – transplant from another person | <b>D</b> Kidney and pancreas transplant |
| <b>2</b> Autograft bone marrow – transplant from beneficiary    | <b>H</b> Heart transplant               |
| <b>B</b> Lung transplant  | <b>I</b> Intestinal transplant          |
| <b>C</b> Heart and lung transplant                              | <b>K</b> Kidney transplant              |
|   | <b>L</b> Liver transplant               |
|   | <b>P</b> Pancreas transplant            |

**DISCHARGE DATE** Date of hospital discharge following transplant.

The following fields display up to five hospice periods.

**START DATE** The start date of the hospice benefit period

**TERM DATE** The term date of the hospice benefit period

**REVOC IND** The revocation indicator shows whether the hospice election period is active or revoked. Zero (0) means the election period is active. Anything other than zero (0) indicates the hospice period is revoked.

**ELGA Screen Page 19—Smoking Cessation**

ELGA	CWF	PART A	ELIGIBILITY SYSTEM				ELGACRO				
MM/DD/CCYY	HH:MM:SS		SMOKING CESSATION				PAGE 19 OF XX				
IP-REC	CN	NM	IT	DB		SX	INT				
COUNSELING PERIOD:		1	2	3	4	5					
TOTAL TECH SESSIONS:											
TOTAL PROF SESSIONS:											
HCPCS	FROM	THRU	PER	QT	TP	HCPCS	FROM	THRU	PER	QT	TP
PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV    PF8=NEXT											

**ELGA Screen Page 08 Field Description:**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**TOTAL TECH SESSIONS**    The total number of **technical** sessions per counseling period.

**TOTAL PROF SESSIONS**    The total number of **professional** sessions per counseling period.

**HCPCS**    The HCPCS code identifying the level of smoking and tobacco-use cessation counseling.

**FROM**    From date of service in MM/DD/CCYY format.

**THRU**    Through date of service in MM/DD/CCYY format.

**PER**    Period number.

**QT**    Quantity.

**TP**    Claim type.

**ELGA Screen Page 20—MSP Information**

If MSP information is not applicable to the beneficiary, page 20 will not display. Additional pages, beyond page 20, will display if more than one MSP record exists.

This page displays Medicare Secondary Payer (MSP) information only when another insurance company is primary to Medicare. Supplemental insurer information (insurance which is secondary to Medicare), such as Medigap and Medicaid, will not appear on these screens. For Medicare Advantage (MA) plan information, refer to “ELGA Screen Page 01”.

**Reminder:** MSP records that have been termed are not viewable without the use of the “APP DATE” field. Review the information under the heading “Information about the APP DATE Field” found earlier in this chapter to ensure you review data that may impact your dates of service. For assistance with submitting MSP claims, refer to the Medicare Secondary Payer (MSP) Overview Web page at <https://www.cgsmedicare.com/hhh/education/materials/MSP.html> on the CGS website.

ELGA	CWF	PART A	ELIGIBILITY SYSTEM				ELGACRO
DD/MM/CCYY	HH:MM:SS	MSP	INFORMATION				PAGE 20 OF XX
IP-REC	CN	NM	IT	DB	SX	INT	
MSP CODE:	EFF DATE:	TERM DATE:					
INSURER INFORMATION:							
NAME	:						
ADDRESS1	:						
ADDRESS2	:						
CITY	:						
STATE	:						
ZIP	:						
POLICY NO	:						
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT							

**ELGA Screen Page 20 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

<b>MSP CODE</b>	Valid MSP code indicator. Valid values are: <b>12</b> = Working Aged <b>13</b> = End Stage Renal Disease (ESRD) <b>14</b> = Auto/Liability <b>15</b> = Worker's Compensation <b>16</b> = Federal - Public Health <b>41</b> = Black Lung <b>43</b> = Disabled <b>47</b> = Any Liability												
<b>EFF DATE</b>	Effective date of the primary insurance.												
<b>TERM DATE</b>	Termination date of the primary insurance.												
<b>INSURER INFORMATION</b>	<table><tr><td><b>NAME</b></td><td>Primary Insurer's Name</td></tr><tr><td><b>ADDRESS 1 and 2</b></td><td>Primary Insurer's Address</td></tr><tr><td><b>CITY</b></td><td>Primary Insurer's City</td></tr><tr><td><b>STATE</b></td><td>Primary Insurer's State</td></tr><tr><td><b>ZIP</b></td><td>Primary Insurer's Zip Code</td></tr><tr><td><b>POLICY NO</b></td><td>Policy Number of Primary Insurance</td></tr></table>	<b>NAME</b>	Primary Insurer's Name	<b>ADDRESS 1 and 2</b>	Primary Insurer's Address	<b>CITY</b>	Primary Insurer's City	<b>STATE</b>	Primary Insurer's State	<b>ZIP</b>	Primary Insurer's Zip Code	<b>POLICY NO</b>	Policy Number of Primary Insurance
<b>NAME</b>	Primary Insurer's Name												
<b>ADDRESS 1 and 2</b>	Primary Insurer's Address												
<b>CITY</b>	Primary Insurer's City												
<b>STATE</b>	Primary Insurer's State												
<b>ZIP</b>	Primary Insurer's Zip Code												
<b>POLICY NO</b>	Policy Number of Primary Insurance												